



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•CTD044680650

INSTALLATION ADDRESS

UNITED STATES SURGICAL CORP
150 GLOVER AVE
NORWALK

CT 06850

150 GLOVER AVE
NORWALK

CT 06850



III LOCATION OF INSTALLATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

COMMENTS

[illegible]

U	N	I	T	E	D	S	T	A	T	E	S	S	U	R	G	I	C	A	L	C	O	R	P	O	R	A	T	I	O	N
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STREET OR P.O. BOX

[illegible]

STREET OR ROUTE NUMBER

[illegible]

NAME AND TITLE (last, first, & job title)

[illegible]

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ **B. TRANSPORTATION** (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter “X” in the appropriate box(es))

☐ AIR

☐ R. RAIL☒ C. HIGHWAY☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY																
S														T/A	C	
W															1	1
1	2														13	14

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>
7	8	9	10	11	12
<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>
19	20	21	22	23	24
<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>
25	26	27	28	29	30
<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P 0 3 0	U 0 5 2	U 1 1 2	U 1 5 4	U 2 3 9	<div>23 - 26</div>
<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>
37	38	39	40	41	42
U 0 1 9	U 1 0 3	U 1 1 7	U 1 6 9	<div>23 - 26</div>	<div>23 - 26</div>
<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>
43	44	45	46	47	48
U 0 4 4	U 1 0 8	U 1 1 3	U 1 7 0	<div>23 - 26</div>	<div>23 - 26</div>
<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>	<div>23 - 26</div>

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)


☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) MFG SUPERINTENDENT Paymer Production	DATE SIGNED 5/10/83
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REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD044680650 Company Name: UNITED STATES SURGICAL CORP

Date of Request: 10/5/99 Town: NORTH HAVEN

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name	DAVID SENFT	STEVEN W BURKE	PER BRS SURVEY
b. Installation Contact's Title	DIRECTOR	ENV ENGINEER	
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	

REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D044680650 Company Name: UNITED STATES SURGICAL CORP.

Date of Request: MARCH 23, 1998 Town: NORWALK

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation	150 GLOVER AVE. NORWALK, CT 06856	195 MCDERMOTT RD., NORTH HAVEN, CT 06473- 3665	PER 1997 LQG REPORT
IV.a. Installation Contact's Name	WALTER S. HENNIG	DAVID SENFT	PER 1997 LQG REPORT
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status Originally notified as: (please circle) CESQG (<100 kg/month) SQG (100 - 1000 kg/month) LQG (>1000 kg/mth) Transporter T/S/D Facility		Change Status to:	

7/23/98
QC
7/16/98

10/90

REQUEST FOR CHANGE

EPA ID #: CTD 044680650COMPANY NAME: United States Surgical

Date of Request: _____

TOWN: Norwalk

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation			
II**	Location of Installation			
III	Installation Mailing Address			11/14/91 KCRIS Hurons Jen
IV a.	Installation Contact's Name		Hennig, Walter S.	
b.	Installation Contact Title		SUPT	
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to:	

* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

** If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.